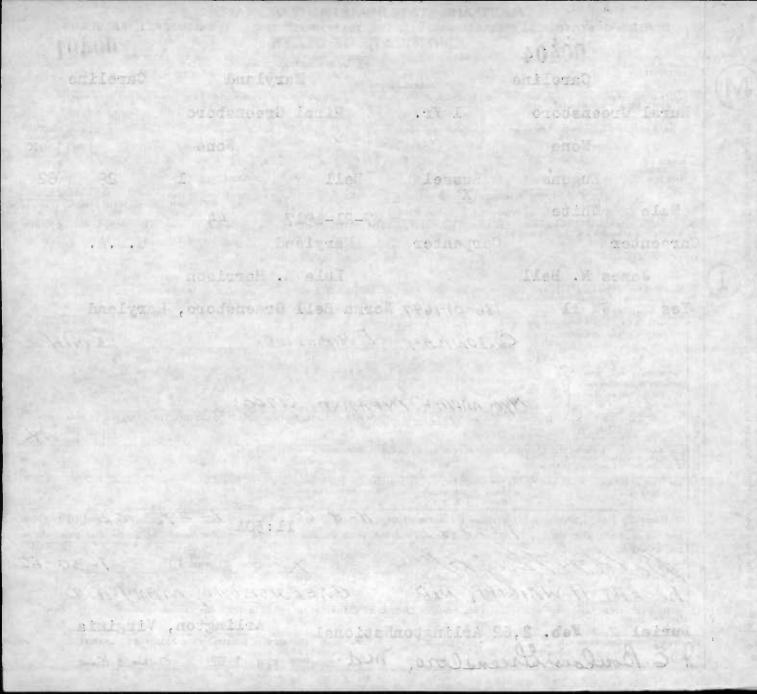
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MILADI DOIDE

						7
PLACE OF DEATH COUNTY	Caroline	MARYLAND		cyland b. Co	, If Institution: Residence CUNTY Carol:	
B. CITY OR TOWN (Rural Gr	if outside corporate limits, diva nearest town)	c. LENGTH OF STAY IN 16	. 4=	(If outside corporata limits, variety)	write RURAL and give a	naarest town)
d. NAME OF HOSPI	TAL OR INSTITUTION (if not I	n hospital, give streat address)	d. STREET ADDRESS			. IS RESIDENCE
	None		1	None		YES NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE M	onth Dey	Year
(Typa or print)	Eugene	Russel	Bell	DEATH 1	. 29	19 62
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellast birthda		Hours Min.
Male		OWED DIVORCED	7-21-1917	/L/I Y	5.	
dona during most of wo	TON (Giva kind of work orking tifa, aven if retirad)	Db. KIND OF BUSINESS OR INDUST	IN BRIHPEACE (Cou	inty & State, or foreign coun	try) 12. CITIZEN O	F WHAT COUNTRY
Carpenter		Carpenter	Maryland		U.S.A	•
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	s N. Bell		Lula E.	Harrison		
	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	rass	
	WW 11		rma Bell G	reensboro,	Marylan	d
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	4	EMBOLU			SET AND DEATH
Conditions, if any					DE LOVE DE	
geve rise to immad	iate cause					
(a), stating the u	inderlying	INCARDIAL INE	PARCT (1	(960)	2 30000	
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO		INAL DISEASE CONDITION	GIVEN IN PART 1(a) 1	9. WAS AUTOPSY
PART II. OTHER					,	PERFORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in	Part I or Part II of Itam 18.)		
3 20c. TIME OF INJU			ACE OF INJURY (Home, far		(County)	(Stata)
20c. TIME OF INJU Hour e.m. p.m.		While Not While twork et work	tory, straat, office bldg., at	0.7		
	that (I) (this hospital) a	ttended the deceased from.	11-8-60	19- 10/- 2	9 18/21	hat (I) (we) las
	sed alive on		death occured at	M, from the caus		ate stated above
22a, SIGNASURE	1111	with the		MED. STAFF DIRECTOR PHYS.	7 /	22b. DATE -30-6
PASICIAN'S	+ H. WRIE	HT NID	22d. ADDRESS	USBORO,	MINACIA	(II)
230. BURIAL, CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City	, lown or county)	(Stata)
REMOVAL (Spacify)				Arlington	. Virgin	ia
BUTTAL 24 FUNERAL DIRECTOR	F'eb. 2,6	2 ArlingtonNa	TIONAL 25a RE	C'D BY REGISTRAR 25b.		
4.8 B.	1. O - i) H	Man Man	CA DATE	FFR 1 '62	Orthur & Ka	
11 6 140	LE BLA MIL	URTAL VICIOI	I PAIL	MEM DZ	LISTERNAT A. TLA	

TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1)(141)2

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
o. COUNTY Caroline MARYLAND	a. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Rural Goldsboro 55 Yrs.	A Rural Goldsboro
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
None	None YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Robert Henry 5. SEX 16. COLOR OR RACELY, HARRIED TO LEGE HARRIED 18	Bright 1962
7. MARKIED NEVER MARKIED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.
Male White WIDOWED DIVORCED I	
done during most of working life, even if retired)	
Laboror Pet Milk Co. None	Maryland U.S.A.
T 1 2 1 1	
	Mary Stubbs Address
(Yes, no, or unkown) (If yes give wer or detes of service)	Post white Collaboration Manager
NO 220-07-3592 Ar	na Bright Goldsboro, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Er	Medus SMIN
The state of the s	
Conditions, il eny, which (b) Coverney The	umbesin Edyforetion 2 YEARS
geva rise to immediate cause DUE TO	
cousa lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO 🔀
OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Slete) ory, streat, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	
	death occured at2
22e. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 73-62
22c PHYSICIAN'S	DIRECTOR PHYS. 1-3-62
ROBERT H. WRIGHT MID	Cheensleve mil
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
Burial 1-4-62 Greensboro	Greensboro, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4 & Boulass Dreems Cross	md. DATE IAN 5 160
	JAN 5 62 Thur S. King

the funeral TO HOSPITAL C. RITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h death. Page 4 retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled.

Then please remove carbon papers. Pages 1 and 6 detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 6 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in age event, within 72 hours after death

1.7 -4-11---55 Tra. I hural loadahora this last women Toller of szide elsk 884,000 Amnivers and a second to the second in the s besites in consider the total and sections. ANTEN OF THE PARTY Precommission, 1 - Vilence The all the second and the west of the land of the JAN 5 FE THE THE THE THE

00406	CERTIFICA	L OI DEAI		011403
. PLACE OF DEATH				If Institution: Residence before edmissi
Careline	MARYLAND	a. STATE	(d.	Careline
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, w	vrite RURAL end give neerest town)
Federalsburg, Md.	40 vrs.	Federa	lsburg, Md	
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDEN
Presten Rd.		Preste	n Rd.	ON A FAR
NAME OF DECEASED (Type or print) Claudel N.	. Bulleck	Last	OF	3. T962 19
		. DATE OF BIRTH	9. AGE (In ye	3. 1962 19 ars IF UNDER 1 YEAR IF UNDER 24 HR
	WIDOWED DIVORCED		919 last birthda	
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign count	12. CITIZEN OF WHAT COUNT
mechania Servi	ee Trucking Co.	Hurleck	. Md.	U.S.A.
FATHER'S NAME	TE MELLING OF	14. MOTHER'S MAIDEN		CIBERS
Jehn C. Bull	lock	Grace I	ord	
. WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unkown) (Ifyesgive war or detes of ser		NFORMANT	Addi	ress
ne ne		Mrs. Pearl	Bullack 1	Federalsburg, Md
18. CAUSE OF DEATH Enter only one c				I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	0			ONSET AND DEATH
IMMEDIATE CAUSE (a)_	Coronary thromb	00818		20 min
DUE TO				
Conditions, if eny, which (b)	Coronary athe	rsclerosis		4 years
(e), stating the underlying DUE TO				
cause lest. (c)_				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOP:
				YES NO
	206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury In	Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fern	n, 20f. (City or town)	(County) (State)
Hour e.m.	While Not While fact	ory, street, office bldg., etc.		
p.m. 19	at work et work			
21. I certify that (I) (this hospita	i) attended the deceased from.]	Dec. 16	1960 toJanua	iry319.62 that (I) (we)
saw the deceased alive on Jan			1. M. From the cause	
228. SGNATURE	3 //	ATTAINME	p.m.	22b. DA1
Stronk MI-10	ndorson "	D. PHYS.	MED. STAFF	SIGI
27. PHYSICIAN'S		22d_ADDRESS		
NAME (Type) Frank M.	Anderson M.D.	Federa.	lsburg, Md.	
BURIAL, CREMATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
REMOVAL (Specify)	Hillerest		Federals	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		O'D BY REGISTRAR 25b.	
1 01			7	inimy S. Thous
regula W juma H	Federalsburg,	MC DATELAT	V10'62 C	Water A. I don't

TO HOSPITAL by ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and rim any event, within 72 hours after

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VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
	0	0407		CERTIFIC	ATE OF DEATI	Н		Reg. Dist. No	. 11114114
1.	PLACE OF DEATH	COLIN	E	MARYLAND	2. USUAL RESIDENCE (W	here deceased li	ved. If institution b. COUNTY (1	ore admission) LDNE
(RURAL and give nearest	le corporate limits	, write c. LENG	HO YN	c. CITY OR TOWN (IF	autside corporat	1.	RAL and give no	earest town)
	d, NAME OF HOSPITAL (IF A OR INSTITUTION	at in hospital, giv	ve street address)	1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	TZA(3 ETH	Middle ARRIE	E CALLOWAY	4. DATE OF DEATH	JAN) !	Year 1962
5. 5	F	W	WIDOWED [DIVORCED	8. DATE OF BIRTH AUG 9	001	last birthday) yrs.	Months Days	R IF UNDER 24 HRS. Haurs Min.
	during most of working life	, even it refired}	ane 10b. KIND OF	BUSINESS OR INDL	STRY 11. BIRTHPLACE (State MACY	- 1 /	ntry)	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME HENRU	NE	SPA	RKS	14. MOTHER'S MAIDEN	NAME	91	GGI	NS
	WAS DECEASED EVER IN U. h. no. or unknown) (If yes, g	S. ARMED FORC		SECURITY NO. 17.	Walter Ca	llow	Addres	Dent	ow hed.
	18. CAUSE OF DEATH [E PART I, DEATH WA		-	(b), ond (c).] onic cor	onary ather	oscle	esis		TERVAL BETWEEN
7	Conditions, if any, w		Chron	ic gener	al atherosc	lerosi	S		7 yr
	gove rise to immedicause (a), stating the unitying cause last.	der- DUE TO							
MEDICAL CERTIFICATION		ellergi			T NOT RELATED TO THE TERM BIS	INAL DISEASE C	CONDITION GIVEN	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO.
L CERTIF	20a, ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	AL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part II	af item 18.)		
MEDICA	20c. TIME OF INJURY Mo Hour a. j., p. m.	nth, Day, Year 19	While Nat		IACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or	tawn)	(County) (State)
	21. I certify that I c	-			, 19 28, to Ja	n 5	, 19 52	that I last s	saw the deceased
	actual SIGNATURE	Doul,	12 02	and that death	m.o. 406 M	ADDRESS (Stree	the causes and the causes and the causes and the causes and the causes are caused as the causes are causes and the causes are caused as the caused as the causes are caused as the ca		DATE SIGNED
	PHYSICIAN'S E. PE	ul Kno	tts M.D	•	Den	ton, M	Id		

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22d. LOCATION (City. town, or caunty) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24a. REC'D BY REGISTRAR 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS-24b. REGISTRAR'S SIGNATURE Orthun S. Knas Moore DATE

INTERIOR DE PEATH	ADRITRO CERTIFICA
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	The second secon
	A CONTRACTOR OF THE STREET
The second secon	Annual Control of

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SION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS —	BALTIMO)
)		CE	RTIFIC	ATE	OF	DE	HTA	

DIVISION	OF STATISTICAL	RESEARCH	AND	RECOR	DS —	BALT
0408	CE	RTIFIC	ATE	OF	DE	ATH

1. PLACE OF DEATH	roline		MARYLAND	- CTATE	Mary1		lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN (I RURAL and give ne Federal	If autside carporote limearest tawn) Sburg	its, write	c. LENGTH OF STAY IN 16 21 years			calsbur	ote limits, write R	URAL and g	ive nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION 118 Wes	TAL (If not in hospital, st Central	give street Avenu	oddress)	d. STREET A		lest Ce	ntral Av	enue	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Hazel Fi	rst	Middle Gomp f	Colema		4. DATE OF DEATH	January		17 ^{Day}	Year 162
s. sex Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT			9. AGE (In years last birthday) 444 yrs.	Months	Days Haur	
during most of warl	king life, even if retired	1)	KIND OF BUSINESS OR IND Toline Co. Sc				o., Md.		S.A.	COUNTRY
13. FATHER'S NAME Clayton	N. Gompf			14. MOTHER'S		Bayne				
1S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of			James F.	Colem	nan, Fe	Add deralsbu		arylan	d
Conditions, if a gave rise to i couse (a), stating lying cause lost.	the under-)))	Coronary th			IINAL DISEASE	: CONDITION GIV	VEN IN PART	PERI	inut «
20d. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye	par 20d. II		RED. (Enter noture of PLACE OF INJURY (foctory, street, affice	Hame, form	n, 20f. (City		(C	aunty)	(State
21. I certify the	sed alive of 1-	1) attend 17-6	ded the deceased fram 12_19_A, and that M. D.	death accurred ATTENDIN PHYS. 22d. ADDR	G M ESS	AED.	1-17-62 the causes are STAFF PHYS. Maryla	nd an the	date state	
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	• <u>6 + N</u>	23d. LOCAT	TON (City, town,	ar caunty)		tote)
24. FUNERAL DIRECTOR J. J. Fran		on, I	ADDRESS Federalsburg,	Maryland		D BY REGIST		STRAR'S SIC		

TO HOSPITAL OR A SUBING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal and be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the stral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

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FOR STATE for. Page

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00400 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALIH DEP		1. P	PLACE OF DEATH	RESIDENCE (Where document lived Hamitution, Residence before admission)
₹88.5×			O. COUNTY CAPOLINE MARYLAND O. STAT	41
2 3 3		Ь	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY	OR TOWN (If outside corporete limits, write RURAL and give nearest town)
			write RUKAL and give nearest town)	Burrsville
ar.	X	d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STRE	ET ADDRESS e. IS RESIDENCE
lelay eral ed fo	,			ON A FARM?
fun sine state sath			NAME OF First Middle Las	1 4. DATE Month Day Year
if ar			OECEASED (Type or print) // / / / / / / / / / / / / / / / / /	EN DEATH ON 75 1962
4584		5. 5	SEX / 6. COLOR OF RACE 7. MARRIED TO NEVER MARRIED & DATE OF B	IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
dea may 2 wi		/	WIDOWED TO STANCED TO A C	8 18 96 (ast Withday) Months Days Hours Min.
2, and ho		1Da.		PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s 1, age	1	done	MA (h (IV) S ite, even it whited)	hio U.SA.
3 3 3 3 5 T	.)	13,	FATHER'S NAME,	R'S MAIDEN NAME
PW PW		1	NILLIAM ENSLEN LO	WISE MILLER
We Til		15.		Bodress / O 8/
d with family e		(Yes,	is, no, or unkown) (If yargive war or datasof service) 146-32-3858 Turs (endance Euslan, Jerdorked
Wight William		T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
ong ong insili			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chision Sudden
be all litra			DUE TO S	
offic office oria			Conditions, il any, which) (b) (OV DY CLY) A HOP	Supply Sizones Sugars
show a b			gave rise to Immadiata causa	1
din din as			(a), stating the undarlying cause last.	
per inic		_ =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
De LEX	01	CATION		PERFORMED? YES NO X
Woodica dica cren		TIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of	
Sho sho ial,		CERTIFI	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
iting hief		0	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY	
Pag ot		MEDI	Hour e.m. While Not While factory, street, off	ica prog., etc.)
EX cate, th OR: prior		-	21. I certify that I took charge of the remains described above, held an Auto	psy , Inspection , Inquiry , and in my opinion
AT THE			death resulted from: Natural causes . Accident . Suicide .	Homicide , Undetermined manner
rwarde DIREC			//) CHI	EF MEDICAL EXAMINER
orward DIRE			ACTUAL NO. 1 99000 W. ASS	SISTANT MEDICAL EXAMINER DATE SIGNED
AL AL	7		SIGNATURE M.D. DEP	UTY MEDICAL EXAMINER
se execute fould be found be found be found be found be found be found by the found	1		NAME (Type) Dawson O. Deprai M.D. Add	drass (Streat, city, town, or county)
shoul should sho		2300	REMOVAL (SPORITY) 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY	(Slata)
09409		10	Julal Jan 27 196X FARE VIEW	CHEVELAND OLIO
VS. A15ME		23.	FUNERAL DIRECTOR MADDRESS ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 7/59		4	Vague Moore & Son Wenton My	DATEAN 3 0 '62 Coming & Time

BURNESS AUDICAL SIXAMINES ERRINGATE OF STATE OF STATE A CALL STORY OF THE STORY

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eral director, be filed with Poge 4 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de TO HOSPITAL OR ATTEN THYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retained, the hospital or attending physician. TO FUNERAL DIRECTOR OF After this certificate has been signed by the attending physician and campletely filled in by y page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registror prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00410 CERTIFICA	ATE OF DEATH Reg. Dist. No. 11114117
1. PLACE OF DEATH O. COUNTY A A A A A A A A A A A A A A A A A A A	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9.55456 b. COUNTY
(BILO CDICE	TAIRACA MANO CARACO MONTE
by CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURA), and give nearest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JO HN First EDW BRD	LDSTER 4. DATE OF DEATH DAY YEAR 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH SEPT 22, 1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDU during most of working life, even if retired) TARM OWNER FARMONG	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSHUA LISTER	MARY V. HENRY
Average to the second s	RS. JOHN LISTER, DENTON, MG
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	OCCUPATION OF THE OCCUPATION O
T) O DUE TO	
Canditions, if any, which	HTherosellyasis by years
gave rise to immediate cause (a), stating the <u>under-</u>	
lying cause last. (c)	
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part t or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Plant the street of work at work at work at work at work at work.	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ctary, street, office bldg., etc.)
21. I certify that I attended the deceased from Win C	16, 1956, to Jos 13, 1962, that I last saw the deceased
alive on 18h 2 , 1962, and that death	occurred at 5 45 M, from the causes and on the date stated above.
N OL	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Daugen & Playae	M.D. Drylon Dryl
PHYSICIAN'S DOWNSON O. ORONGETO	D. Senion Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify) JAN. 16, 1962 DENTO N	CREMATORY 22d LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
FITECTI MORRE SIN, VEY	VTON PO DATE JAN 1 8 162

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y the funeral and 2 should death.

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF STATEST, BALTIMORE 1, MARYLAND 111418 CERTIFICATE OF DEATH 007.14

	00411					
1. PLACE OF DEATH			48.485	CE (Where deceased li-	rad, If institution: Res	sidence before edmission
	aroline	MARYLAND	a. STATE Mary	rland b.	COUNTYCaro	line
b. CITY OR TOWN (if o	utside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporate limi		
Rural Mary	9 49	69 Yrs.	X Rural M	Marvdel		
		t in hospital, give street eddress)	d. STREET ADDRESS	0		e. IS RESIDENCE
N-	~~			None		YES NO
3. NAME OF	ne	Middle	Last	4. DATE	Month	Dey Year
DECEASED (Type or print)		TT	/a	OF DEATH	7	20 19 62
	Nathan . COLOR OR RACE 7		Aarvel		years IF UNDER 1 Y	
D. SEA 0	. COLOR OR RACE 7.)	MARRIED NEVER MARRIED		last birt		Bys Hours Min.
Male	HILL OC	IDOWED DIVORCED	9-9-1892	1 69	yrs.	
1Da. USUAL OCCUPATION done during most of working		106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreign c		EN OF WHAT COUNTRY
Farm Own		Farming	Maryland	d	U.	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Philli	p A. Mary	rel .	Mollie	E. Moore		
15. WAS DECEASED EVER	IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, no, or unkown) (Ifye	sgive war or dates of service		Lula Marve	Manudal	Marrels	nd
NO 18. CAUSE OF DEA	TH [Enter only one cau	215-36-2427 J	outa marve.	I maryuer	, mary re	I INTERVAL BETWEEN
	VAS CAUSED BY:		v Ossilander			ONSET AND DEATH
IM	MEDIATE CAUSE (a)	Coronar	y Occlusion			
450	DUE TO	Comment				THE CASE OF THE CA
Conditions, if any,		General	ized Arter	loscleros	LS	
gave rise to immediate (a), stating the unde	> DITE TO					
ceuse last.	(c)					
PART II. OTHER SI	GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CONDITI	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
						YES NO 1
PART II. OTHER S	UNDERLYING [] 1 20	b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury In	Part t or Part II of item	IB.)	
OR CONTRIBUTING	CAUSE OF DEATH					
		20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, far	m, : 2Df. (City or town) (Count	ly) (State)
20c. TIME OF INJURY Hour e.m.	Month, Day, Year		tory, street, office bldg., etc		(60011	(0.0.0)
	19	at work at work				
21. I certify tha	t (I) (this hospital)	attended the deceased from.	July 12	1961, 10 Jan	20, 19.6	52 that (1) (we) la
	alive on Jan		t death occured at	M, from the c	auses and on th	e date stated abov
22a. SIGNATURE						22b. DATE
(1111)	1210			MED. STAF		1-22-62 SIGNE
22 Milital	418 010	reesfer !	22d. ADDRESS			
NAME (Type)	II a c for a	54 1 35 -	Gnoon	showe Me	han Irra	
	harles H.	Stonesifer, M.I		sboro, Ma	City, town or county	(State)
23a. BURIAL, CREMATION						
Burial (Specify)	1-23-6	2 Greensbor			oro, Mai	
241 FUNERAL DIRECTOR'S	SIGNATURE OF	ADDRESS		C'D BY REGISTRAR 2		
4.6.120ul	as Dree	enslora Mel	DATE	AN 25 '62	Chithun S. 1	Trail

TO HOSPITAL AS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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Chanles H. Stodelliner, E.D.

Company Compan

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	MAR f STATISTICAL RESEA		, 301 W. PRESTO	N STREET,		ORE 1, M	ARYI	AND	
PLACE OF DEAT	aroline	MARYLAND	a. STATE Mary		b, COUN	TV	olin		dmission)
Rural	(if outside corporeta limits, d give neerest town) Preston	c. LENGTH OF STAY IN 16	c. CITY OR TOWN X Rural-		rate limits, write	RURAL end	give nee	irest town	n)
	Tanyard	spital, give street address)	d. STREET ADDRESS	Tanyard				ON A	A FARM?
NAME OF DECEASED (Type or print)	Charles	Middle Francis	Perry	4. DATE OF DEATH	Januar	, 3	Dey	Year 19	62
Male Male	6. COLOR OR RACE 7. MARRI White WIDOW	7	December 20,	1885	AGE (In years last birthdey) 76 yrs.			Hours	24 HRS. Min.
	FION (Give kind of work prking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State Maryla		ntry)		U.S.		OUNTRY?
FATHER'S NAME	Frank Perry		14. MOTHER'S MAIDEN	NAME Elizabe	th Conne	211y	JA.		
	/ER IN U.S. ARMED FORCES? 16 If yes give werordeles of service)		s. Raymond E	berhard	Address Easton	ı. Mar	vlan	d	
	DEATH [Enter only one cause par IH WAS CAUSED BY,	line for (e), (b), and (c).]	0 1 1 +				INTER	VAL BETY	

	(Yes, no, or unkown) (Ifyesgive werordetes		17. INFORMANT	Address	
	No	Unknown	Mrs. Raymond Eber	hard, Easton,	Maryland
1	18. CAUSE OF DEATH [Enter only o	ne cause par line for (e), (b), and (c).			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	1)20	pocarditis		Suddie
	DUE T	0 17/ 1	1 11 2 1	1	
	Conditions, if any, which	b) He Bolen	we Heart &	uselese	Severel month
Н	gava rise to immediata cause	0			
	(a), steting the underlying cause lest.				
	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCU	URED. (Enter natura of Injury In Part I or	Part II of itam 18.)	
	20c. TIME OF INJURY Month, Day, 1	Year 20d. INJURY OCCURRED 2 WhilaNot While	Oe. PLACE OF INJURY (Home, ferm, 2 factory, street, office bldg., etc.)	Of. (City or town)	(County) (Stata)

et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry X

and in my opinion Natural causes Undetermined manner death resulted from: Suicide Homicide . CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Burial
January 6. January 6, 1962 Junior Order Cemetery Near Preston Maryland ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

J.J.Framptom and Son Federalsburg, Md.

arthur S. Kraul DATE JAN 9

DATE SIGNED

VS. A15ME 5M 7/59

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please execute the certificate, should be forwarded to the FUNERAL DIRECTOR:

TO DEPUTY

designated agent, prior

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00413	CERTIFICAT	E OF DEATH	H		(00410
1. PLACE OF DEAT	Caroline	MARYLAND	2. USUAL RESIDEN	yland	b. COUNTY	~	once before edmission
write RURAL e	l (if outside corporete limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, write RUR	RAL end give	neerest town)
d. NAME OF HOS	Ridgely PITAL OR INSTITUTION (IF not i	n hospitel, give street address)	Rural I	Ridgely e			ON A FARM YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	y Year
(Type or print)	Mary	Adeline	Thomas	DEATH	1	9	19 62
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED DIVORCED	9-2-1884	9. A		nths Doys	Hours Min.
Housew	working life, even if retired)	None	Maryla	and	ign country)	U.S.	A .
13. FATHER'S NAME	· in		14. MOTHER'S MAIDEN	NAME			
		eman	Martha	Hein			
	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		INFORMANT		1020°Ki		
	DEATH Enter only one ceuse	per line for (e), (b), and (c).]	Cillian Sta	anford	Wilming	1 11	Del. NTERVAL BETWEEN DISET AND DEATH
44	IMMEDIATE CAUSE (a)	Cerebral He					
Conditions, if e	- 1	Arterioscle		diovascu	lar Di	8.	
geve rise to imme (a), stating the cause lest.	DUE TO	with hypert	cension				
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	ndition given i	N PART 1(a)	PERFORMED?
	WAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Pert II of	item 18.)		
20c. TIME OF IN Hour a.m			ACE OF INJURY (Home, far story, street, office bldg., et		town)	(County)	(State)
21. I certify saw the dece	that (I) (this hospital) assed alive on. Jan.	ttended the deceased from 9, 1962, and tha	Jan. 1	1962 to BA.M, from t	Jan. 9	, 1562, on the	that (I) (we) la date stated abov
22a SIGNATURI 22c. PHYSICIAN	els H A cree	1.	ATTENDING	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
NAME (Typ	Charles H	. Stonesifer		ensboro,	Marvl	and	
REMOVAL (Special		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town o		(Stete)
24 AUNERAL DIRECT	OR'S SIGNATURE	Thomas Bu	rial Group	C'D BY REGISTRA			
C. F. B)	ore Careld	Beautifican	Mel. DATE	JAN 1 6 '62	and	wa 8. 10	inud

STRAB Carolina Carolina The Tare Land Burner Brown Land We I samo S brain world . let elam A. B. C. State of Deaffment . de bouwers tropos . iai ao hitala washings meluli ego Usrabend Hemorrisass Antoniosofic Carolovacountaintal Jan. 9, 62 Jan. 1 = 2,52 Jan. 9 62 Jan. CARLES OF THE PART Charles H. Etonestier - Orcensione, Erryland nuclear the second and an arrange of the second of the sec The survey and secretary to the second 00212

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

011411

1. PLACE OF DEATH o. COUNTY Caroline MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline					
RURAL ond give	(If outside carporate limits, write nearest town) sburg- Rural	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Federalsburg- Rural						
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	James	Middle Michael	Last Todd		4. DATE OF DEATH JE	Month	3 Day	Year 19 62
s. sex Male	6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED 🛣	8. DATE OF BIRTH Septembe	r 15,	last	birthday) Mor	NDER 1 YEAR	Hours Min.
during most of wo	ION (Give kind of work done 10b. Irking life, even if retired)	None	East	on, M	aryland	11	U.S.	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M					
	emp Todd, Jr.	COCIAL CECURIEVA NO. 112 H	DOY	othy	E. Marin	Address		
(Yes, no, or unknown)	/ER IN U. S. ARMED FORCES? 16.							
NO CAUSE OF DE	TATH IS A L		Kemp Tod	ld, Jr	. Fec	leralsbu		
	EATH [Enter only one couse per li EATH WAS CAUSED BY:	ne far (o), (b), and (c).			4			ET AND DEATH
Conditions, if gave rise to couse (a), stating lying couse last	immediate g the under- (c)	over well	~ n	nje	ertin			
CATIC	THER SIGNIFICANT CONDITIONS							PERFORMED?
OR CONTRIBUTION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING EITHER, NOTIFY MEDICAL EXAMINER)							
Hour a.m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 Ot wark at wark 19 of wark 19 Other Months and wark 19 Other Months 19 Other Mo							
saw the deced	on I certify that (I) (this haspital) attended the deceased from 9.14.61 19 ta 1.3 19.62 that (I) (we) last saw the deceased alive an 12-29 1961, and that death accurred at 2AM, from the causes and an the date stated above.							
22c. PHYSICIAN'S	miliage	el	M.D. ATTENDING PHYS. 22d. ADDRESS		STA	FF 'S. 🗆		226. DATE 1-4-6
NAME (Type)	H. R. Trapn	ell. M.D.	ਸ	eder	lsburg	Mana	l and	
230. BURIAL, CREMATI REMOVAL (Specif Burial	ON. 23b. DATE THEREOF	23c. NAME OF CEMETERY C			rad. LOCATION (C	lity, tawn, ar ca		(Stote)
24. FUNERAL DIRECTO		- :	25a. REC'D	BY REGISTRAR	25b. REGISTRAF		4	
J.J. F:	ramptom and Son,	Federalsburg,	Md.	DATE JA	IN 8 '62	Couch	m S. Kra	MA
2080	3201205						l west	

Mayer Valleralabors a Colonia THE REAL PROPERTY. and the state of t . It saw the control of the control

o. STATE

1. PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Federalsburg

OR INSTITUTION

Caroline

MARYLAND

c. LENGTH OF STAY IN 16 Life

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Federalsburg d. STREET ADDRESS Maple Avenue

Last

Marvland

e. IS RESIDENCE ON A FARM? YES NO THE

Yeor

NAME OF DECEASED (Type or print) S. SEX

Raymond 6. COLOR OR RACE

Jefferson 7. MARRIED T NEVER MARRIED

Williams B. DATE OF BIRTH

Sept. 9, 1899

Dollie Toulson

January 15 19 62 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 62 birthdoy) Months Days Hours yrs.

Day

12. CITIZEN OF WHAT COUNTRY?

Caroline

Male

White

d. NAME OF HOSPITAL (If not in hospital, give street address)

Maple Avenue

First

DIVORCED [WIDOWED |

Middle

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) Caroline Co., Maryland

4. DATE

DEATH

U.S.A.

Filling Station Operator (Gasoline) 13. FATHER'S NAME

No

14. MOTHER'S MAIDEN NAME

Address

Month

Daniel Williams IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

during most of working life, even if retired)

16. SOCIAL SECURITY NO. 215-01-1204

17 INFORMANT

Mrs. Blanche V. Williams, Federalsburg, Md.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission

b. COUNTY

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.

DUE TO

1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

PERFORMED? YES NO

(Stote)

INTERVAL BETWEEN

de

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY

Doy, Year 20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

saw the deceased alive an

21. I certify that (I) (this haspital) attended the deceased fram.

Jan.

1962 and that death accurring at 10:20 fine the cause and an the date stated above.

anus 15, 1862-that (1) (we) last

22a. SIGNATURE

Hour o. m.

p. m.

M.D.

ATTENDIN PHYS. DIRECTOR _ 22d. ADDRESS

SIGNED

22c. PHYSICIAN'S NAME (Type)

Burial

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE THEREOF 18, 1962

23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) Federalsburg, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

J.J.Framptom and Son, Federalsburg, Maryland

DATEJAN 2 4 '62

arthur S. Thomas

physici remave attending edse ā the by gned per burial-transit physician. b cremation, attending certificate # ь haspit TOR: DIR shauld FUNERAL E page the Sta 10

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